

**TOWN OF MANCHESTER, CT  
HEALTH INSURANCE RATES  
MEU UNION EMPLOYEES**

The 2024-2025 health insurance bi-weekly cost share amounts listed below will be effective July 1, 2024 through June 30, 2025.

**Hired Prior to 12/10/02 through 6/30/04:**

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
OAP Basic	\$102.85	\$189.52	\$283.78
Cigna Choice Fund (HDHP/HSA)	\$75.49	\$136.02	\$212.00

**Hired On or After 07/01/04:**

	<b>SINGLE</b>	<b>DOUBLE</b>	<b>FAMILY</b>
OAP Basic	\$102.85	\$189.52	\$283.78
Dental	\$3.63	\$9.44	\$11.62
Cigna Choice Fund (HDHP/HSA)	\$75.49	\$136.02	\$212.00
Dental	\$3.03	\$7.87	\$9.68

Prescription co-pays: \$5/\$20/\$35 to unlimited maximum, Three Tier Formulary RX Rider